

THE CLEVELAND MUSEUM OF ART  
 FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE  
 MAY 8 to JUNE 16, 1963

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any

Artist

JESSIE

FIRST NAME

GAYNOR

LAST NAME

Address

4190 COLONY CLEVELAND

NO

STREET

CITY

ZONE E

COYAHOGH  
COUNTY

COUNTY

Tel

EV 1-8950

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

[illegible]

Use second blank if required

## IMPORTANT

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

REC'D MAR 11 1963

*Jessie Laynor*  
SIGNATURE

SIGNATURE